



**STATEMENT OF THE AMERICAN ACADEMY OF NEUROLOGY**

**BEFORE THE SUBCOMMITTEE ON HEALTH**

**OF THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS**

**REGARDING**

**H.R. 1944 AND DRAFT RURAL VETERANS HEALTH CARE ACT OF 2007**

**April 26, 2007**

The American Academy of Neurology (AAN), representing over 20,000 neurologists and neuroscience professionals, believes that our veterans deserve the best possible care and treatment for neurological injuries sustained in their service to our country. The conflicts in Iraq and Afghanistan have created an emerging epidemic of traumatic brain injury (TBI) among combat veterans. TBI is associated with cognitive dysfunction, post-traumatic epilepsy, headaches and other motor and sensory neurological complications.

It is essential that the federal government allocate the resources to ensure all veterans have access to the necessary neurological interventions and long-term treatments that their injuries require. The AAN believes that Congress should fund and the Department of Defense (DoD) should fully implement pre- and post-deployment cognitive and memory screening of all active duty and reserve personnel. Recognizing that this is not yet a reality, the AAN supports the goal of H.R. 1944 to establish a program within the Department of Veterans Affairs (VA) to screen veterans who are eligible for hospital care, medical services, and nursing home care.

The AAN also supports the effort to create a comprehensive program for long-term traumatic brain injury rehabilitation, but would recommend the inclusion of a specific program to address the impacts of TBI including seizure disorder. TBI is a major cause of epilepsy. We estimate that up to 40 percent of returning service personnel who experience TBI will develop epilepsy making this a significant service-connected disorder for many veterans.

Given the likely high rate of service-connected post-traumatic epilepsy that veterans with TBI will experience, Congress should authorize and the VA should fully implement a national epilepsy program. This program should include a statutory mandate and the

necessary appropriations for Epilepsy Centers of Excellence (CoEs), available to all veterans with epilepsy and related seizure disorders. Congress should authorize no less than six Epilepsy CoEs to ensure adequate geographic distribution and access by veterans to these centers. The VA should also implement epilepsy referral clinics in all Veterans Integrated Service Networks (VISNs).

Congress should also appropriate adequate funds to improve the integration and coordination of neurology, mental health and rehabilitative services in the VA's polytrauma program. Every TBI veteran should have a neurologist as part of the rehabilitation team. The Neurology and Mental Health Services should become equal partners with the Rehabilitation Services with respect to TBI in the polytrauma centers and subsequent initiatives involving TBI.

We support the Committee's efforts to improve VA's delivery of care to rural veterans. We recommend that the draft Rural Veterans Health Care Act of 2007 include a provision to improve care to those in rural areas with an expansion in telehealth and telemental health services offered by the VA to improve the surveillance and treatment of veterans with TBI and related seizure disorders. Specifically, VA needs to develop its telemedicine capacity to transmit and review Electroencephalograms (EEGs), a diagnostic test which measures and records brain electrical activity, to VA specialists in epilepsy for interpretation as needed. The recommended Epilepsy Centers of Excellence would play a vital role in expanding VA's capacity to serve provide rural veterans with state-of-the-art diagnosis and clinical care through improvements in telemedicine.

The American Academy of Neurology appreciates the opportunity to comment on H.R. 1944 and the draft Rural Veterans Health Care Act of 2007. We stand ready to assist the Health Subcommittee and the full Committee in any efforts to help veterans who experience TBI.